Iowa CACFP Menu Form for children ages 1-12 years Site number_____ Center name_____

	Meal Pattern	Monday	Tuesday	Wednesday	Thursday	Friday
		Date	Date	Date	Date	Date
	Bread or bread alternate					
st	(including cereal)					
Breakfast	Juice or fruit or vegetable					
<u>8</u>	Juice of fruit of vegetable					
3re	Milk, Fluid					
-	• Other Foods (Select two of these four components)					
	Milk, fluid					
支	Juice or fruit or vegetable					
Snack	Bread or bread alternate					
S	Breau or breau afternate					
	Meat or meat alternate					
	Meat or meat alternate					
	Vegetable and/or fruit					
	vegetable ana/or man					
Lunch	2nd Vegetable or fruit					
L L	Drood or brood alternate					
-	Bread or bread alternate					
	Milk, fluid					
	Other Foods					
	(Select two of these four components) • Milk, fluid					
~	Willik, Hala					
ac	Juice or fruit or vegetable					
Snack						
	Bread or bread alternate					
	Meat or meat alternate					
	Meat or meat alternate					
	Vegetable and/or fruit					
Supper	2nd Vegetable or fruit					
dd						
Su	Bread or bread alternate					
	Milk, fluid					
	VIIIK, HUIU					
	Other Foods					

Use these codes: (1) New food, (2) Nutrition activity, (A) Vitamin A food, (C) Vitamin C food, (HM) Center made (S) Seasonal